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Fostering stability

Dr Montserrat Fargas Malet

Synopsis of article

Children need stability in their lives in order to form trusting, loving and supportive relationships. However, for a considerable number of children who enter the care system, instability is a feature of their lives. This can lead to a range of poor outcomes in both the short and the long-term. Therefore, we need to understand the factors that may contribute to stability or instability in foster care, so we can then identify what should be done in order to avoid instability as much as possible. This article is based on the author's keynote presentation given at the Irish Foster Care Association (IFCA) conference in November 2018. It outlines an 'ecological' model, which refers to a holistic way of viewing human experience. Four levels of factors are identified: child factors, carer factors, social worker factors, and factors related to organisational structures. Actions to promote stability should take place on all four levels. The article draws on national and international studies. The factors and the actions/measures needed are illustrated by quotes from participants of the Care Pathways and Outcomes Study in Northern Ireland, and a study focused on stability and permanence conducted in the Republic of Ireland.

“*Permanence is considered to be the process of getting a ‘family for life’.*”

Defining stability and permanence

Social work policy and practice aims to deliver stability and permanence for children who enter the care system. Stability and permanence are words often used interchangeably in the research literature and in policy and practice documents. The online Cambridge Dictionary defines stability as 'the state of being firmly fixed or not likely to move or change.' In the research literature on children in care, stability is often defined in relation to instability, and commonly measured by focusing on the number of placements a young person has had over a particular period of time. A range of studies have measured it in different ways, thus potentially measuring different things, making it difficult or practically impossible to compare findings (Bollinger, 2017). In official statistics in the UK and the Republic of Ireland, the stability or instability of placements is also

measured in different ways, including the mean duration of the placements that have ended in a given year, or the percentage of children who have had three or more placements in a particular year.

Table 1 shows statistics on placement instability in the different jurisdictions. From this table, we can see how instability is present in the lives of a considerable number of children. This is worrying because instability means children cannot build stable relationships with caregivers, or maintain existing ones with important people in their lives, like friends, siblings, or teachers. Thus, it increases the risk of emotional and behavioural problems, poor academic performance (as children move schools frequently), risk-taking behaviours (including substance use and anti-social or criminal behaviours) and mental health problems (Boddy, 2013; Schofield and Beek, 2005; Stott and Gustavsson, 2010).

Indicators	England	Scotland	NI	RoI
Percentage of looked after children that had three or more placements during the year	10 ¹	5.5 ²	4 ³	2.7 ⁴
Percentage of looked after children that had experienced at least one placement change during the previous 12 months	31.5 ¹	21 ²	18 ³	Not found
Average duration of placements ceasing in the year ending 31 March 2018 (days)	307 ⁵	Not found	Not found	Not found

Table 1: Placement instability indicators in the UK and Republic of Ireland (most recent figures)

So, what is the difference between stability and permanence? Permanence is considered to be the process of getting a 'family for life'. In order to achieve permanence, placements need to be stable, so that long-lasting, nurturing and loving relationships can be developed or re-built. Permanence is the process of finding the appropriate placement/family for a particular child at the right time. Because of its legal status, adoption has been often considered at the top of a 'hierarchy of permanency', next to reunification (Lowe et al, 2002; Thompson and Greeson, 2015), the focus being legal permanence. Scholars have distinguished between different aspects of permanence (McSherry and Fargas-Malet, 2018). One classification distinguishes between legal, physical and relational permanence:

- Legal permanence is only attained through either reunification with the birth parents or adoption (or any orders that transfer legal guardianship to the caregivers, such as Guardianship Orders in England, and Residence Orders in Northern Ireland)
- Physical permanence involves the young person living continuously with the same caregivers
- Relational permanence consists of the young person feeling they belong to that family, and having a parent-like connection to their caring adults (Sanchez, 2004; Semanchin Jones and LaLiberte, 2013).

There often seems to be a focus on legal or physical/objective permanence, but what researchers have found to really matter to children in care is the quality of personal relationships, and feelings of belonging in a particular family or care setting. That is why relational or subjective permanence is such a relevant concept. In that sense, 'a positive outcome for a child with regard to stability and permanence would be that they are in a permanent, stable and enduring living arrangement where they feel connected to their family and have a strong sense of identity, belonging and support.' (Moran et al, 2017:17)

“There often seems to be a focus on legal or physical/objective permanence, but what researchers have found to really matter to children in care is the quality of personal relationships, and feelings of belonging in a particular family or care setting.”

Factors contributing to stability and instability

Based on our research findings and those of others, there appears to be different levels of factors that contribute to stability and instability for children in care, and in particular for children in foster care. These include: child factors, carer factors, social worker factors, and factors related to organisational structures. Figure 1 (overleaf) displays these factors.

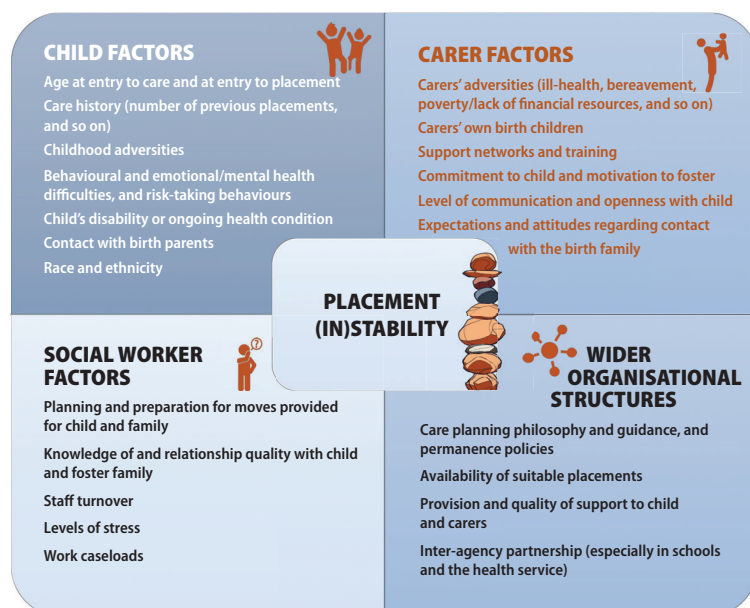


Figure 1: Factors contributing to stability and instability

Child factors

Younger children are more likely to get stable placements, whereas older children are more likely to experience placement disruption and breakdown (Bernedo et al, 2016; Oosterman et al, 2007; Vinnerljung et al, 2017). Children with disabilities or ongoing health conditions (Welch et al, 2015), as well as those who already have experienced multiple placements, are also less likely to find stability (Oosterman et al, 2007; Villodas et al, 2016).

"It can be hard for some people to settle down... They move around a lot and that becomes their reality... Age affects it too... If you go into care as a young child, you don't remember as much about your home life." (young person's quote in Moran et al, 2017:33)

Some studies have found Adverse Childhood Experiences (ACEs) play a part in placement instability (Villodas et al, 2016). Experiences of adversity often affect young people's behaviours. A child's attachment disorders and behavioural and emotional problems can lead to placement disruptions (Oosterman et al, 2007). In the current phase of the Care Pathways and Outcomes (CPO) study, we found that a young person's challenging behaviours could lead to the disruption of more than one placement. For instance, Carl (aged 22) had multiple experiences of bereavement (his foster dad, birth brother, birth grandmother and foster aunt had died within three years) when he was

about nine years old, which led to his behaviour becoming more challenging, and his foster mum felt she needed more respite for him. Eventually, social services decided to move him.

Finally, positive contact with birth families may help to promote the stability of placements, as it helps children build their identities, understand who they are and where they came from, and maintain connections with their extended family (Sen and Broadhurst, 2011). However, in some cases, regular contact with certain family members has been found to destabilise placements (Kiraly and Humphreys, 2016). Therefore, the quality of contact is very important (Schofield and Simmonds, 2011).

Carer factors

The carers' adversities (such as financial difficulties, bereavement or long-term illness) might have an impact on their stress, which in turn will make it more difficult for them to be able to cope with the day-to-day challenges of caring for the child (Farmer et al, 2005). International research also points to the presence of birth children in the foster home as a potential cause of placement disruptions (Rock et al, 2013).

Foster placements need to be appropriately supported. Support for foster carers can be formal or informal, and it is essential in ensuring placement stability, particularly for children with challenging and complex needs (Devaney et al, 2018). In the previous phase of the CPO study (where the children were between nine and 14 years old), we found that most foster carers relied heavily on their own families for support. However, some needed extra formal supports for their children who had complex needs, which in some cases they were not provided with. For instance, Tony's foster mother argued that she had not received the support Tony and the family needed to prevent the disruption of the placement. She felt that social services failed to consult her and keep her informed of the decisions they were taking (McSherry et al, 2013).

The level of commitment to the children is also crucial, as has been found in a range of research studies (Rushton and Dance, 2004; Oke et al, 2013). Whenever foster carers have a warm and positive relationship with the children they are caring for, children are more likely to remain living with them in the long-term (Rock et al, 2015). In the CPO study, we often ask foster carers how they feel about the children they care for, and if they are treated the same as their own birth children in the family. Many carers tell us that they feel they have to give more attention, warmth, time, and so on to the young people they

care for than to their own children, because they need it more. For instance, Gabriel (21 years old) came to live with his foster mother when he was ten years old, after having been rejected by his birth mum (who kept his sibling) and his previous foster mother. Gabriel's foster mother has a very positive and supportive relationship with him now, and although he has left her home to live independently, they see each other nearly every day, depending on his job:

"I think with Gabriel he probably needs more, if you know what I mean... I just feel that Gabriel hasn't got anybody but me, you know, and my family. He totally doesn't have anybody. [...] My children know I'm their mother and they can come and go all the time but Gabriel, I would see more of Gabriel than I would see of my own son. If Gabriel is not fishing, he's here, no matter what time of the day it would be. And at night time, if he comes early, he's over here. [...] This is his home."

In terms of communication, it is really important that foster carers are able to communicate to children what they know about who they are, and where they come from (Devaney et al, 2018). Connected to this is the level of information that carers have regarding the child and their background. Sometimes, foster parents lack information about the child's needs, and thus about how best to support the child in their care (McSherry et al, 2015). This can destabilise the placement. If foster parents know about the child's background and needs, they can feel more equipped to support that child.

Social worker factors

Various research studies have found that the level of planning and preparation done before a child moves into a new family has a big impact on the stability of the placement. In addition, the quality of social workers' relationships with children and foster families can also assist in achieving stability. For instance, in the CPO study, Janette (aged 23) felt her social worker did not listen to her fears and worries when she was younger regarding not being ready to hear certain things about her birth family. So, she had some advice for social workers:

"I've had that experience with that social worker that didn't listen. So, you need to sit down and listen to what they want. And to what they want to hear and what they don't want to hear. You need to wait for them to be ready for it. Because I was too young to hear all that. [...] Just sit and listen to them and wait until they are ready. They'll let you know. Don't just push it into them."

In addition, social work changes affect children, as consistency is key. If young people keep having different social workers, it means they will stop being able to form any type of relationship with them, or to have any trust in them (McLeod, 2010). It is also worrying that in some research, it has been found that a lot of children had not been allocated a social worker (McNicholas et al, 2018) or did not know who their social worker was (Selwyn and Briheim-Crookall, 2017). Therefore, social work staff turnover can be a real barrier to achieving stability for the children's placements. In addition, a social workers' level of stress can have an impact on their ability to form relationships, and on the work they carry out. Finally, if social workers have caseloads that are too big, it means they will have less time to develop these important relationships. Thus, caseloads should be realistic and they should allow time for relationships to be built.

Wider organisational structures

In terms of achieving stability and permanence, care planning really matters. Different local social care organisations might operate in different ways and have a range of permanence policies. In the Regional Variations study (Fargas-Malet and McSherry, 2018), we found that the different health and social care trusts in Northern Ireland differed in terms of practices, mindsets, and local policies regarding care planning for children in care. This might lead to a 'postcode lottery' for children in care in terms of the types of placements they enter. The length of time that it takes to conclude legal proceedings is another big factor, which can result in delays in achieving any type of permanence for the child. This can be due to the workload of the courts, the number of parties and associated legal representation, or the overuse of expert witnesses.

However, the problem is often that placement options are limited. If possible, and when there are no obvious risks in doing so, children should be placed within their local area, so they can maintain contact with their social networks, with their friends, siblings, and so on. Sometimes, children are moved out of their area because of a lack of foster placements available, which means they cannot really maintain relationships they previously had, and they have to move schools, and so on. This obviously has an effect on their wellbeing, which in turn is likely to affect the stability of the new placement.

The provision of good quality services is crucial in supporting the stability of foster placements. Long waiting lists, lack of availability of local services, and lack of available information regarding what services are being provided are factors preventing children and young people accessing services that they desperately need (McSherry et al, 2015).

Problems might become crises if the right support is not provided in time. In the Care Pathways and Outcomes study, this has been found to be the case for many young people, especially for those whose placement broke down. One of these young people was Edgar (20 years old) who had a range of complex physical, emotional and behavioural issues, including ADHD and Asperger's, from a very young age. His foster parents asked for extra support when he became a teenager and his behaviours and mental health deteriorated, but Edgar never received the appropriate care and treatment he needed, and he was eventually removed from the family by the police when he was 13 (McSherry and Fargas Malet, 2018).

"CAMHS let us down. We had four different appointments [just foster father and I], telling them all about Edgar, telling them his difficulties, telling them about his self-harming, telling them about his – just destructiveness, and pulling his own teeth out – and we said look... this is heading to somewhere that we can't cope with and we want help. (...) they said well at the end of the day, we do not have the resources to see Edgar. And it was as blunt as that. I said 'excuse me?' I said 'say that again?' (...) She says, we don't have the resources to see Edgar. I was so cross I couldn't speak. I said you have had us in here for four different sessions, two hours at a time, I said we have cried with you, we have told you all his difficulties, we have told you he's pulling his teeth out, I said you've seen the marks on his arms where he's self-harming! I said what does a child need to do to get your resources? Be suicidal? Edgar is not suicidal."

(Edgar's foster mum)

Inter-agency partnership with services, such as schools and health providers, also facilitates the stability of placements. Services need to talk to each other, and be appropriately coordinated around the child. For instance, children spend a long time in schools, and thus these important institutions need to be attuned to these children's particular needs.

What needs to be done to support stability for children in care

Based on the four-level factor classification, different resources and action points should materialise in each level so children in foster care are supported to achieve stability in their lives.

At the **level of the child**, children should be placed with the right carers/family at an early stage, so they are given the time and chance to form positive attachments.

Even planned moves can be damaging to children. In addition, children need to be provided with information regarding themselves and their journey, including why they entered care. This is important as children can blame themselves for what has happened to them, when they lack clear information. Carers also need information regarding the child and their background so they can feel better prepared to care for the child.

At the **level of the carer**, carers need to be appropriately supported to care for the children. This means flexible formal support, better recognition, and accessible training (convenient, short, online, and so on). In addition, informal support networks for carers to share their experiences in a non-judgemental environment can be very effective in helping carers carry on.

At the **level of the social worker**, decision-making processes should include children and families, who should be consulted about their care plans. Children value relationships with professionals where they are consulted and listened to. Social workers also must support and recognise and value foster carers as experts, listening and taking their views into consideration. Finally, social workers should make children and carers aware of the supports and services available to them.

At the **level of organisational structures**, effective coordination and interagency partnership ensures that practitioners not only work well with others, but that they have due consideration for the complex and multiple factors that affect children's lives, such as education, family and disability. This might enable a more timely response to a child's needs, and provide adequate support to the child and the caregivers. Because children have a variety of needs, and placements available should match these differing needs, a range of foster carers should be recruited to play a diversity of roles (such as respite carers, therapeutic foster carers, and so on).

About the author

Montserrat is a Research Fellow in Queen's University Belfast. She has been conducting research on children and young people adopted and in care for over 12 years. She has published a range of peer-reviewed journal articles on this topic and others, such as mental health and trauma. She is currently working on a longitudinal study of young people who entered care at a young age in Northern Ireland.

Endnotes

- ¹ Department for Education (2017). Children looked after in England (including adoption), year ending 31 March 2017. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf
- ² Scottish Government. (2018) Children's Social Work Statistics Scotland, 2016-2017. Additional Tables. <https://www.gov.scot/publications/childrens-social-work-statistics-2016-17/>
- ³ Department of Health. (2018) *Children in care in Northern Ireland 2016/17*. <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-care-ni-16-17.pdf>
- ⁴ Tusla – Child and Family Agency (2016). Annual Review on the Adequacy of Child Care and Family Support Services Available 2016.
- ⁵ Department for Education (2018). National tables: Children looked after in England including adoption 2017 to 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756193/Children_looked_after_in_England_2018_National_tables.ods

References

- Bernedo, I.M., García-Martín, M.A., Salas, M.D. and Fuentes, M.J. (2016) 'Placement stability in non-kinship foster care: Variables associated with placement disruption', *European Journal of Social Work* 19, 6, pp 917-930.
- Boddy, J. (2013) *Understanding permanence for looked after children: A review of research for the Care Inquiry*. Sussex: University of Sussex.
- Bollinger, J. (2017) 'Examining the complexity of placement stability in Residential Out of Home Care in Australia: How important is it for facilitating good outcomes for young people?', *Scottish Journal of Residential Child Care* 16, 2.
- Devaney, C., McGregor, C. and Moran, L. (2018) 'Outcomes for permanence and stability for children in care in Ireland: Implications for Practice', *British Journal of Social Work*, doi: 10.1093/bjsw/bcy078.
- Fargas, M. and McSherry, D. (2018) 'Regional variations in care planning in Northern Ireland: Proposing an ecological model of decision-making', *Qualitative Social Work*. Available at: <https://doi.org/10.1177/1473325018811474>
- Farmer, E., Lipscombe, J. and Moyers, S. (2005) 'Foster carer strain and its impact on parenting and placement outcomes for adolescents', *British Journal of Social Work* 35, 2, pp 237-253.
- Kiraly, M. and Humphreys, C. (2016) "'It's about the whole family": family contact for children in kinship care', *Child & Family Social Work* 21, 2, pp 228-239.
- Lowe, N.V., Murch, M., Bader, K., Borkowski, M., Copner, R., Lises, C. and Shearman, J. (2002) *The plan for the child: adoption or long-term fostering?* London: British Association for Adoption and Fostering.
- McLeod, A. (2008) "'A friend and an equal": do young people in care seek the impossible from their social workers?', *British Journal of Social Work* 40, 3, pp 772-788.
- McNicholas, F., O'Connor, N., Bandyopadhyay, G., Doyle, P., O'Donovan, A. and Belton, M. (2011) 'Looked after children in Dublin and their mental health needs', *Irish Medical Journal* 104, 4, pp

105-108.

- McSherry, D. and Fargas Malet, M. (2018) 'The extent of stability and relational permanence achieved for young children in care in Northern Ireland', *Children Australia* 43, 2, pp 124-134.
- McSherry, D., Fargas Malet, M., McLaughlin, K., Adams, C., O'Neill, N., Cole, J. and Walsh, C. (2015) *Mind Your Health: The physical and mental health of looked after children and young people in Northern Ireland*. Belfast: Queens University Belfast.
- McSherry, D., Fargas Malet, M. and Weatherall, K. (2013) *Comparing long-term placements for young children in care. The Care Pathways and Outcomes Study – Northern Ireland*. London: Coram BAAF.
- Moran, L., McGregor, C. and Devaney, C. (2017) *Outcomes for Permanence and Stability for Children in Long-term Care*. Galway: The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.
- Oke, N., Rostill-Brookes, H. and Larkin, M. (2013) 'Against the odds: Foster carers' perceptions of family, commitment and belonging in successful placements', *Clinical child psychology and psychiatry* 18, 1, pp 7-24.
- Oosterman, M., Schuengel, C., Slot, N.W., Bullens, R.A. and Doreleijers, T.A. (2007) 'Disruptions in foster care: A review and meta-analysis', *Children and Youth Services Review* 29, 1, pp 53-76.
- Rock, S., Michelson, D., Thomson, S. and Day, C. (2013) 'Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence', *British Journal of Social Work* 45, 1, pp 177-203.
- Rushton, A. and Dance, C. (2004) 'The outcomes of late permanent placements: the adolescent years', *Adoption & Fostering* 28, 1, pp 49-58.
- Sanchez, R. M. (2004) *Youth perspectives on permanency*. San Francisco: California Permanency for Youth Project.
- Schofield, G. and Beek, M. (2005) 'Providing a secure base: Parenting children in long-term foster family care', *Attachment & human development* 7, 1, pp 3-26.
- Schofield, G. and Simmonds, J. (2011) 'Contact for infants subject to care proceedings', *Adoption & Fostering* 35, 4, pp 70-74.
- Selwyn, J. and Briheim-Crookall, L. (2017) *Our Lives, Our Care. Looked after children's views on their wellbeing*. Bristol: The University of Bristol and Coram Voice.
- Semanchin Jones, A. and LaLiberte, T. (2013) 'Measuring youth connections: A component of relational permanence for foster youth', *Children and Youth Services Review* 35, 3, pp 509-517.
- Sen, R. and Broadhurst, K. (2011) 'Contact between children in out-of-home placements and their family and friends networks: A research review', *Child & Family Social Work* 16, 3, pp 298-309.
- Stott, T. and Gustavsson, N. (2010) 'Balancing permanency and stability for youth in foster care', *Children and Youth Services Review* 32, pp 619-625.
- Thompson, A. E. and Greeson, J. K. P. (2015) 'Legal and relational permanence in older foster care youths', *Social Work Today*, 15, 4, pp 24.
- Villodas, M.T., Cromer, K.D., Moses, J.O., Litrownik, A.J., Newton, R.R. and Davis, I.P. (2016) 'Unstable child welfare permanent placements and early adolescent physical and mental health: The roles of adverse childhood experiences and post-traumatic stress', *Child abuse & neglect* 62, pp 76-88.

- Vinnerljung, B., Sallnäs, M. and Berlin, M. (2017) 'Placement breakdowns in long-term foster care –a regional Swedish study', *Child & Family Social Work* 22, 1, pp 15-25.
- Welch, V., Jones, C., Stalker, K. and Stewart, A. (2015) 'Permanence for disabled children and young people through foster care and adoption: A selective review of international literature', *Children and Youth Services Review* 53, pp 137-146.
- Winter, K. (2009) 'Relationships matter: the problems and prospects for social workers' relationships with young children in care', *Child & Family Social Work* 14, 4, pp 450-460.